

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/02/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G190		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/30/2025	
NAME OF PROVIDER OR SUPPLIER BRICES CREEK ROAD HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 3000 BRICES CREEK ROAD NEW BERN, NC 28562			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS			W 000			
W 104	<p>A complaint survey was completed on 6/30/25 for intake #NC00231954; NC00232077; NC00232083 and NC00232121. The intakes were substantiated., but no deficiencies were cited. However, unrelated deficiencies were cited during the survey.</p> <p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the governing body failed to ensure the facility's van was locked when not in use. The finding is:</p> <p>During observations on 6/30/25 at 8:21am, the surveyor pulled into the facility's driveway and parked. As the surveyor parked the car, client #1 exited the home via the back door. Client #1 walked up the van, opened the unlocked door, stepped up into the van and sat down. As Client #1 was sitting in the van. Staff A exited the same door client #1 had exited. Staff A was able to redirected client #1 to exit the van. Further observations revealed Staff A locked the van. Both client #1 and Staff A returned back inside of the home.</p> <p>During an immediate interview, Staff A revealed the doors to the van are kept unlocked. Further interview revealed the staff was not sure why the doors are kept unlocked.</p> <p>Review on 6/30/25 of the facility's safety manual (no date) stated, "Unattended Vehicles...Doors</p>			W 104			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 104	Continued From page 1 must be locked when vehicle is not utilized...." During an interview on 6/30/25, the Intermediate Care Facility (ICF) Director revealed the doors on the van should be locked at all times.	W 104			